DOCUMENT RESUME

ED 253 016 EC 171 349

AUTHOR Stasinos, Dematrios P.
TITLE Behavior Problem Syndromes in Educable Mentally Handicapped Greek Children: A Parent and Teacher Estimation.
PUB DATE Apr 84
NOTE 18p.; Paper presented at the International Congress of the Spanish Association for Special Education (AEDES) (Madrid, Spain, April 25-27, 1984).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Behavior Problems; Foreign Countries; *Mild Mental Retardation; *Sex Differences
IDENTIFIERS *Greece

ABSTRACT

This study examines, first, the problem behavior syndrome in 58 educable mentally handicapped (EMH) children attending special state schools in Greece, and secondly the relationship between those syndromes and sex and special schooling of these individuals. Children's four problem behavior syndromes, i.e., antisocial behavior, excessive inhibition-neurosis, immaturity-inadequacy, and psychosomatic symptoms, were measured by employing the Behavior Problem Checklist developed by Quay and Peterson (1967). The Greek version of the instrument was developed by I. Paraskevopoulos and H. Leousis (1970). The results indicated: (1) EMH Greek children did not frequently exhibit serious problem behavior symptoms; (2) sex was not significantly related to these syndromes while there was a negative relationship between the syndromes and special schooling; and (3) parent and teacher estimates of the EMH children's problem behavior symptoms differed significantly in male's antisocial behavior and immaturity-inadequacy syndromes and in females' excessive inhibition-neurosis, immaturity-inadequacy and psychosomatic symptoms. (Author/DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

BEHAVIOR PROBLEM SYNDROMES IN EDUCABLE MENTALLY HANDICAPPED GREEK CHILDREN: A PARENT AND TEACHER ESTIMATION*

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Demetrios P. Stasinos
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BY Dr. DEMETRIOS P. STASINOS**

ED253016

INTRODUCTION

A review of the literature indicates that the incidence of behavioral problems among school population is frequent enough to constitute a major problem in managing them in schools. Mental retardation is particularly all too often complicated by behavioral disturbance. It has been reported that the incidence of emotional disturbance is certainly higher in mentally handicapped (MH) children than in children of average or superior intellect (Garfield, 1963). There is, however very little definite evidence to demonstrate whether MH children can, as a group, be characterized by any special personality patterns (Gardner, 1961). On this issue, it has been stated that there are no emotional or behavioral characteristics that are invariably associated with mental retardation (Chess, 1970). This statement has been corroborated by research data suggesting that not all MH children have emotional or behavioral problems (Chess and Korn 1970, Philips and Williams 1975 and 1977, Rutter 1975).

Much of the related research in mental retardation was directed particularly to the behavioral research strategy in this area (Ellis, 1969), the identification of descriptive personality traits emerging among MH children (Cunningham et al. 1981, Domino 1965, Enos 1961, Johnson 1969) and the application of some behavior modification techniques in this population (Albini and Dinitz 1965, Giles and Wolf 1966, Talkington and Altman 1973).

* Paper presented at the III International Congress of the AEDES, Madrid, Spain, 25-27 April, 1984.

** Lecturer at the Psychological Laboratory of the Ioannina University, IOANNINA, GREECE.

EC171349

A review of these studies reveals that there is some inconsistency pertaining the research findings relative to personality attributes or characteristics of the MH children. Presumably, the somewhat heterogeneity of the samples used in experiments as well as the lack of adequate measures of adaptive behavior are of the main reasons for such an inconsistency. Further, the use of a single unitary measure based on a parent and teacher estimation of the educable mentally handicapped (EMH) child's behavioral problems as well as the establishment of the relationship of these problems with such constructs as sex and amount of special schooling of this child have not received systematic attention among personality researchers in this area. Especially, in Greece such an attempt has been made, long ago, within the normal school population (Paraskevopoulos et al. 1971).

The purpose of this study was to examine the frequency and the seriousness of some behavior problem syndromes in EMH Greek children as well as to establish the possible relationship between these syndromes with the variables previously mentioned. Especially, the testing hypotheses were as follows:

1. The educable mentally handicapped (EMH) Greek child exhibits frequently serious behavioral problems as measured by a Greek version of Quay and Peterson's 'Behavior Problem Checklist.'

2. There is no systematic difference in the scores measured the patterns of behavioral problems between EMH Greek boys and girls.

3. There is no systematic difference in the measures of the EMH Greek child's behavioral problems as estimated by his parents (his mother and/or his father) and teacher.

4. There is no systematic relationship between the EMH child's behavioral problems and his special schooling in Greece.

METHOD

The sample

The subjects consisted of 58 middle and upper grade EMH children (35 boys and 23 girls). They were drawn from randomly chosen special state schools in Greece in the urban areas of Athens, Piraeas,

and Jannena during the school year 1983-84. The IQ range of the sample was 55 to 80 (mean:68) and the children ranged in age from 10 to 17 years (mean: 13 years). Information for the child's IQ scores, age, and the amount of his special schooling was obtained from the schools' files. Children's mothers were educated either in primary schools (N=55), or in secondary schools (N=15) and in universities (N=1), while the vast majority of their fathers were skilled or unskilled workers.

The instrument

Subjects' problem behavior was estimated by using the Behavior Problem Checklist developed by Quay and Peterson (1967) at the Children's Research Center of the Illinois University. It contains 58 problem behavior symptoms that children exhibited very often according to their history record kept by Child Guidance clinics in which the children were attended. It has been standardized in USA using school age individuals. It has been also applied to various groups of children such as emotionally disturbed, mentally handicapped and learning disabled children as well (Quay 1966, Quay et al. 1966, Paraskevopoulos and McCarthy 1969, Stasinos 1983).

The Behavior Problem Checklist is actually a psychosomatic instrument having a satisfactory reliability and validity. It consists, especially, of four problem behavior syndromes: 1) Antisocial behavior with the following basic characteristics: aggression, disobidience, negativism, disturbance, catastrophic tendency and motivated behavior. 2) Excessive inhibition-neurosis included such traits as self-conscious, preoccupation, shyness, hypersensitivity, aloofness, dulness and anxiety. 3) Immaturity-inadequacy with types of behavior exhibited by children of smaller chronological age such as inferiority, short attention span, lack of self-confidence, passivity, clumsiness etc. 4) Psychosomatic symptoms including skin allergy, sickness, headaches, stomachaches etc.

The Greek version of this instrument was developed by professor Paraskevopoulos and Leoussis (1970). It contains the total characteristics of the original checklist in which six (6) other were added (i.e. item 59 until item 65, see table 1) that were suggested by Greek psychiatrists and psychologists as working a long time with children. The checklist was completed separately in the school office by parents (mother and/or father) and the teacher of each child.

Statistical treatment

The scores on the Behavior Problem Checklist were analyzed statistically. The means and standard deviations of the parent and teacher scores of the subjects's behavioral problems assigned by sex as well as for the total sample were calculated. The correlations between subjects' problem behavior syndromes and the amount of special schooling is expressed by Pearson r. The t-criterion was applied in order to test the significance of the difference of the means in EMH boys and girls as well as in parent and teacher estimates of the child's problem behavioral symptoms. The t-test was applied as testing the difference of the means between two independent samples (males and females) of a different number of subjects (i.e. unequal subjects) derived from a homogeneous population such as children (Paraskevopoulos 1973).

RESULTS

The data obtained from the Behavior Problem Checklist and the calculation of the amount of special schooling provide information on:1) the frequency and seriousness of the EMH child's behavioral problems, 2) the difference between the two sexes regarding the four problem behavior syndromes, 3) the difference between parent and teacher estimates of the child's behavioral problems, and 4) the relationship between the child's problem behavior symptoms and the amount of his special schooling.

1. Behavioral problems of the EMH subjects

Table 1 presents the parent and teacher percent scores of EMH boys and girls on each problem behavior symptom of the Behavior Problem Checklist taken per sex and per degree (mild, severe) of the seriousness of those symptoms as well. Table 2 presents the means and standard deviations of the parent and teacher ratings of EMH children's (taken per sex) problem behavior symptoms as well as the t-scores for the difference of means. The means are illustrated, by using frequency polygons, in Figure 1.

Inspection of Table 1, Table 2 and Fig. 1 reveals that the EMH Greek child exhibits some serious behavioral problems and particularly those related to antisocial behavior and excessive inhibition-neurosis syndromes. The more frequent and serious symptoms relative to antisocial behavior syndrome were: hyperactivity, obstinate, temper tantrum, dislike

for school, disruptive, tension, negativism, restless etc. Those relative to the excessive inhibition-neurosis syndrome were: hypersensitivity, anxiety, uncooperativeness, aloofness, shyness, withdrawn, preoccupation, self-conscious etc. Those relative to the inadequacy-immaturity syndrome were: short- attention span, distractability, lack of self-confidence, clumsiness, inferiority etc. And those relative to psychosomatic symptoms were: dizziness and headaches.

2. Comparison between the sexes in the measurement of their problem behavior

Table 1 shows that, in most of the symptoms (both mild and severe) included in the Behavior Problem Checklist, the girls' percent scores were slightly higher than those in boys. The bigger differences were in the percentages of scores relative to mild problem behavior symptoms. The mean scores of girls, in almost all the problem behavior syndromes, particularly those assigned by their parents, were, as Table 2 shows, also higher (the maximum of their difference was of about 7 points). Those differences were, however, not statistically significant ($t=.7$, $t=1.3$, $t=.5$, $t=.3$ for the syndromes of antisocial behavior, excessive inhibition-neurosis, immaturity-inadequacy, and psychosomatic symptoms, respectively).

3. Comparison between the parent and teacher measures of the EMH child's problem behavior

Inspection of Table 2 reveals that teachers, as compared with parents, scored higher the EMH child's behavioral problems, particularly for boys (the maximum rating difference was 6.6 points). Those differences were statistically significant in boys' antisocial behavior and immaturity-inadequacy syndromes ($t= 3.05$, $p<.01$; $t= 4.6$, $p<.001$ respectively; $df=21$ in each case) and in girls' excessive inhibition -neurosis, immaturity-inadequacy and psychosomatic symptoms ($t=3.09$, $p<.01$, $df=17$; $t= 4.5$, $p<.001$, $df=34$; and $t=3.01$, $p<01$, $df=17$, respectively).

4. Relationship between problem behavior syndromes and the amount of special schooling of the EMH child

The amount of special schooling was 4.5 and 4.2 (in years) for EMH boys and girls, respectively, while for the total sample this amount was 4.4 (the standard deviation was .5, 1.4 and .9 for boys, girls , and the total sample, respectively).

The child's problem behavior syndromes and the amount of his special schooling were not significantly related. However there was a negative relationship between those variables (- .03, - .10, - .13, and - .01 for the four syndromes, respectively, for boys and - . 11, - .06, -.14, and - .14 for the same syndromes, respectively, for girls).

DISCUSSION

The data obtained suggest that EMH Greek children exhibit a number of behavioral problems, the frequency and the seriousness of which depend largely on the person who judges them. The presence of some adjusment problems in these individuals is in keeping with the line of the widely accepted definition of mental retardation adopted by the American Association on Mental Deficiency (AAMD) which gives much more weight to the role that adaptive behavior plays in determining whether or not a person is retarded (Grossman, 1973). The indication, on the other hand, that some of these children did not exhibit serious problem behavior symptoms is in accord with Chess's (1970) statement that there are no emotional or behavioral characteristics invariably associated with mental retardates. This is also in consistency with the data of previous research suggesting that not all MH children have behavioral problems (Chess and Korn 1970, Philips and Williams 1975 and 1977, Rutter 1975).

Although there are several factors which, combined, may contribute to the development of behavioral problem, it is our opinion that poor family relations steming probably from rejecting attitudes of parents toward the EMH child (Stasinos, 1983) as well as traumatic experiences in the classroom itself in Greece may constitute the main reasons of the EMH child's behavioral disturbance.

The lack of relationship between sex and the four problem behavior syndromes of the child is in contrast with previous findings (based,however, on measures derived from normal school population) suggesting that boys are more often labeled as disturbed than are girls (Morse et al. 1964, Quay 1972, Schultz & Feinn 1974). Sex, perhaps, in the case of mental retardation may not be a determinant factor of the child's behavior. On this issue, it has been reported that sex in EMH individuals was not significantly related to such personality traits as self-esteem, creativity etc. (Stasinos, 1981, 1982 and 1983). The presence, on the other hand, of some more neurotic symptoms in girls than in boys gives support to the suggestion of previous study that girls tend to become increasingly neurotic as they get older,whereas boys tend to show more conduct problems and immaturity as their age increases (Morse et al., as above).

Further, the parent and teacher's score differentiation appearing in the estimates of the EMH child's problem behavior symptoms presumably means that his behavior disturbance patterns either are somewhat different in school and/or in home situation or that parents and teachers may or may not hold the same beliefs (about) and attitudes toward this child. However, such a finding gives support to the importance of teacher judgment in combination with parent judgment in screening for disturbed MH children.

The negative relationship (being however not significant) also between the problem behavior syndromes of the child and his special schooling underscores perhaps the beneficial role Greek special schools play on the development of a desirable social adjustment on the part of the MH individual. It should be mentioned that most such schools (including those participated in this study) in Greece function particularly as parallel classes incorporated in the framework of buildings of schools for normal children.

Finally, it should be pointed out that the screening of the pattern of deviant behavior manifested by the EMH child may have, as Quay (1966) wrote, important implications for both diagnostic purposes and the particularly strategy to be imployed in managing him in and/or out of school.

REFERENCES

ALBINI, JOSEPH L. and DINITZ SIMON (1965). Psychotherapy with disturbed and defective children: An evaluation of changes in behavior and attitudes. Amer. J. ment. Def., 69, 560-567.

CHESS, S. Emotional problems in mentally retarded children. In: F.J. Menolascino (ed.) (1970). Psychiatric approaches to mental retardation. Basic Books, Inc., New York.

CHESS, S. & KORN, S. (1970). Temperament and behavior disorders in mentally retarded children. Arch. gen. Psychiat., 23, 122-130.

CUNNINGHAM CHARLES E., REULER ELLEN, BLACKWELL JANE and DECK JENNIFER (1981). Behavioral and linguistic developments in the interactions of normal and retarded children with their mothers. Child Develpm., 52, 62-70.

DOMINO, GEORGE (1965). Personality traits in institutionalized mongoloids. Amer. J. ment. Def., 69, 568-570.

ELLIS, NORMAN R. (1969). A behavioral research strategy in mental retardation: defense and critique. Amer. J. ment. Def., 73, 557-566.

ENOS, FRANCIS A. (1961). Emotional adjustment of mentally retarded children. Amer. J. ment. Def., 65, 606-609.

GARDNER, W.I. Personality concomitants of mental retardation. In: R.K. Wilcox (ed.) (1961). Strategies for behavioral research in mental retardation. University of Wisconsin, Madison Wis. (pp. 86-98).

GARFIELD, S.L. Abnormal behavior and mental deficiency. In: N.R. Ellis (ed.). Handbook of mental deficiency. McGraw-Hill, New York (pp.574-601).

GILES DAVID K. and WOLF MONTROSE M. (1966). Toilet training institutionalized, severe retardates: An application of operant behavior modification techniques. Amer. J. ment. Def., 70, 766-780.

GROSSMAN, H.J. (ed.) (1973). Manual on terminology and classification in mental retardation, 1973 revision. American Association on Mental Deficiency, Washington, D.C.

JOHNSON, RONALD C. (1969). Behavioral characteristics of phenylketonurics and matched controls. Amer. J. ment. Def., 74, 17-19.

MORSE W.C., CUTLER R.L., & FINK A.H. (1964). Public school classes for the emotionally handicapped: A research analysis. Council for Exceptional Children, Washington, D.C.

PARASKEVOPOULOS, I. (1973). Applied statistics in the behavioral sciences. Vol. II, Thessalonica (in Greek).

PARASKEVOPOULOS IOANNIS. HASAPIS IOANNIS, KASIMOS CHRISTOS, and PAPAGEORGIOU KIMON (1971). Problem behavior in school age children. School Hygiene, 32 (4), 145-147 (Reprint) (in Greek).

PARASKEVOPOULOS I., and LEOUSSIS H. (1970). Diagnosis of behavioral problems in children. School Hygiene , 31 (3), 119-124 (Reprint) (in Greek).

PARASKEVOPOULOS I.N., and McCARTHY JEANNE (1969). Behavior patterns of children with special learning disabilities. Psychology for Schools, 7, 42-46.

PHILIPS I., & WILLIAMS N. (1975). Psychopathology and mental retardation: A study of 100 mentally retarded children. I. Psychopathology. Amer. J. Psychiat., 132, 1265-1271.

PHILIPS I., & WILLIAMS N. (1977). Psychopathology and mental retardation: A statistical study of 100 mentally retarded children treated at a psychiatric clinic. II. Amer. J. Psychiat., 134, 418-419.

QUAY, H.C. (1966). Personality patterns in pre-adolescent delinquent boys. Educ. Psychol. Measur., 14, 99-110.

QUAY, H.C. Patterns of aggression, withdrawal, and immaturity. In: H.C. Quay & J.S. Werry (eds.) (1972). Psychopathological disorders of childhood. Wiley, New York.

QUAY, H.C., MORSE W.C. & CUTLER R.L. (1966). Personality patterns of pupils in special classes for emotional disturbed. Except. Child., 33, 297-301.

QUAY H.C. and PETRESON D.R. (1967). Behavior problem checklist. Children's Research Center, University of Illinois, Urbana, Illinois.

RUTTER, M.L. (1975). Psychiatric disorder and intellectual impairment in childhood. Brit. J. Psychiat., Spec. Pub., 9, 344-348.

SCHULTZ E.W. SALVIA J.A., & FEINN J. (1974). Prevalence of behavior symptoms in rural elementary school children. J. abnorm. child Psychol., 2, 17-24.

STASINOS, DEMETRIOS (1981). The assesment o a training programme for the development of creativity and self-esteem in mentally handicapped Greek children. Doctoral Dissertation, The University of Dundee, Scotland.

STASINOS, DEMETRIOS (1982). Self-esteem: its measurement and some correlates in educable mentally handicapped Greek children. Paper presented at the 6th World Congress of the International Association for the Scientific Study of Mental Deficiency (IASSMD) held in Toronto of Canada, 23-26 August 1982.

STASINOS, DEMETRIOS (1983). Attitudes of parents toward the educable mentally retarded Greek child as influenced by their socio-economic status and the sex of this child. Paper presented at the International Committee on Public Relations in Rehabilitation Symposium, Athens, 1-5 November 1982. Published in : Etudes Helleniques/Hellenic Studies, Vol. 1, 1983, no. 1, 41-52.

STASINOS, DEMETRIOS (1983). Self-esteem and social adjustment of educable mentally handicapped Greek children, Paper presented at the 4th International Congress of the EASE, Tel-Aviv, Israel, 24-29 July, 1983.

TALKINGTON, LARRY W. and ALTMAN REUBEN (1973). Effects of film- mediated aggressive and affectual models on behavior. Amer. J. ment. Def., 77, 420-425.

Psychological Laboratory
University of Ioannina
IOANNINA, GREECE, 45332

TABLE IV Parent and teacher percent scores of EMH boys and girls on each problem behavior symptom on the Behavior Problem Checklist taken per sex and per degree (mild, severe) of the seriousness of those symptoms as well.

SYMPTOMS	PARENT ESTIMATES				TEACHER ESTIMATES			
	BOYS		GIRLS		BOYS		GIRLS	
	Mild	Severe	Mild	Sev.	Mild	Sev.	Mild	Se
1. Thumb sucking	11	11	11	4	23	4	11	6
2. Restless	36	8	44	4	19	45	39	11
3. Attention seeking	24	6	41	11	41	23	33	11
4. Skin allergy	11	3	7	-	10	4	5	6
5. Behaves like a little adult	6	-	11	-	19	4	33	11
6. Self-conscious	36	-	26	4	46	18	44	-
7. Headaches	19	6	26	-	10	4	28	11
8. Disruptive	19	14	15	11	13	41	33	17
9. Inferiority	17	11	29	4	32	4	39	-
10. Dizziness	2	6	7	-	9	9	17	11
11. Boisterous	58	14	30	11	41	23	28	-
12. Crying over minor annoyances	27	17	30	18	28	4	33	17
13. Preoccupation	5	3	26	-	31	14	33	28
14. Shyness	28	8	34	7	23	18	50	22
15. Withdrawn	9	8	18	4	18	18	22	22
16. Dislike for school	5	17	15	11	41	32	39	17
17. Jealous	8	3	26	-	41	9	33	6
18. Bladder control	8	-	11	-	10	4	5	6
19. Prefers to play with younger children	16	3	15	22	32	4	28	22
20. Short attention span	30	-	48	11	23	50	61	22
21. Lack of self-confidence	30	3	29	4	36	32	66	17
22. Inattentive	11	-	14	4	40	14	61	11

TABLE 1: (CONTINUED)

SYMPTOMS	PARENT ESTIMATES				TEACHER ESTIMATES			
	BOYS		GIRLS		BOYS		GIRLS	
	Mild	Sev.	Mild	Sev.	Mild	Sev.	Mild	Sev.
23. Easily flustered	13	6	14	4	27	18	50	6
24. Lack of interest	25	-	26	7	14	27	39	22
25. Fighting	30	6	30	11	41	32	17	11
26. Sickness	14	-	7	4	9	-	16	6
27. Temper tantrums	31	8	26	18	36	23	11	17
28. Reticence	8	6	18	4	36	18	22	22
29. Truancy from school	3	-	15	-	9	9	-	6
30. Hypersensirivity	39	25	41	18	45	14	50	11
31. Lazy	28	19	34	18	55	27	66	17
32. Anxiety	30	6	26	11	13	23	28	22
33. Irresponsibility	16	6	19	11	27	32	55	17
34. Daydreaming	12	16	-	-	13	14	28	22
35. Masturbation	2	6	4	-	3	-	-	-
36. Asthma	5	3	4	-	10	4	11	-
37. Tension	19	3	18	4	23	36	28	22
38. Disobidience	16	3	29	14	22	32	44	17
39. Depression	5	6	37	-	32	9	-	28
40. Uncooperativeness	11	3	3	15	41	18	44	17
41. Aloofness	5	6	11	15	32	18	45	33
42. Passivity	17	-	26	-	41	23	50	28
43. Clumsiness	22	-	19	7	18	32	28	22
44. Stuttering	33	17	49	7	31	14	11	11
45. Hyperactivity	36	25	41	22	22	27	27	17
46. Distractability	25	3	26	11	41	50	50	39

SYMPTOMS	PARENT ESTIMATE				TEACHER ESTIMATE			
	BOYS		GIRLS		BOYS		GIRLS	
	Mild	Sev.	Mild	Sev.	Mild	Sev.	Mild	Sev
47. Destructiveness in regard to his own and/or others' property	28	-	11	7	18	23	22	11
48. Negativism	22	-	18	4	9	23	22	22
49. Impertinence -sauciness	11	6	15	-	23	9	28	-
50. Dull	-	-	4	-	31	14	16	17
51. Sleepiness	3	3	4	-	14	9	27	17
52. Profane language	25	11	22	4	13	23	17	-
53. Prefers to play with older children	11	8	11	4	23	9	33	-
54. Nervousness	22	11	22	11	23	18	45	22
55. Irritability	39	3	30	11	59	23	50	22
56. Enuresis	6	8	15	7	14	4	5	6
57. Stomachaches	11	3	4	-	18	-	11	6
58. Specific fears (fearfulness)	20	30	41	26	23	4	27	17
59. Presumptuousness	11	-	22	-	4	-	22	-
60. Truancy from home	11	-	7	-	4	-	6	-
61. Obstinate	39	11	45	18	41	32	50	22
62. Tic	13	6	11	7	14	4	6	-
63. Lying	30	3	26	7	36	9	23	6
64. Nail eating	14	8	15	11	27	9	22	6
65. Thievishness	8	3	4	-	4	-	17	-
66. Sleep disorders	13	6	22	4	14	4	22	16
67. Obsessive	53	3	41	22	19	4	-	6

TABLE 2. Means and standard deviations of the parent and teacher estimates of EMH children's (taken per sex) problem behavior syndromes as well as the t- scores for the difference of means.[1]

PROBLEM BEHAVIOR SYNDROMES	BOYS (N=35)				GIRLS (N=23)				t-score	TOTAL (N=58)				t-score
	Parent ratings		Teacher ratings		Parent ratings		Teacher ratings			Parent ratings		Teacher ratings		
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.		Mean	S.D.	Mean	S.D.	
ANTISOCIAL BEHAVIOR (AB)	7.2	3.8	13.8	9.2	8.1	4.4	8.7	5.5	.7	7.6	4.1	11.5	8.1	3.05 * (Boys)
EXCESSIVE INHIBITION-NEUROSIS (EI-N)	4.4	5.2	6.9	5.8	4.7	3.6	9.8	5.8	1.3	4.5	4.6	8.2	5.9	3.09 * (Girls)
IMMATURITY - INADEQUACY (I-I)	2.2	2.2	6.2	3.3	2.3	1.7	5.5	2.4	.5	2.3	2.01	5.9	2.9	4.6 ** (Boys)
PSYCHOSOMATIC SYMPTOMS (PS)	2.3	4.4	2.8	2.3	1.3	1.2	2.9	2.01	.3	1.8	3.4	2.8	2.2	4.5 ** (Girls) 3.01 * (Girls)

* .01
** .001

[1]Note: The maximum rate for each problem behavior syndrome, according to the checklist guidances, and the range of parent and teacher scores in those syndromes were as follows :

	Maximum rate	Parent score range	Teacher score range
(AB)	40	1-25	0-30
(EI-N)	28	0-20	0-24
(I-I)	14	0- 9	0-12
(PS)	14	0- 6	0- 8

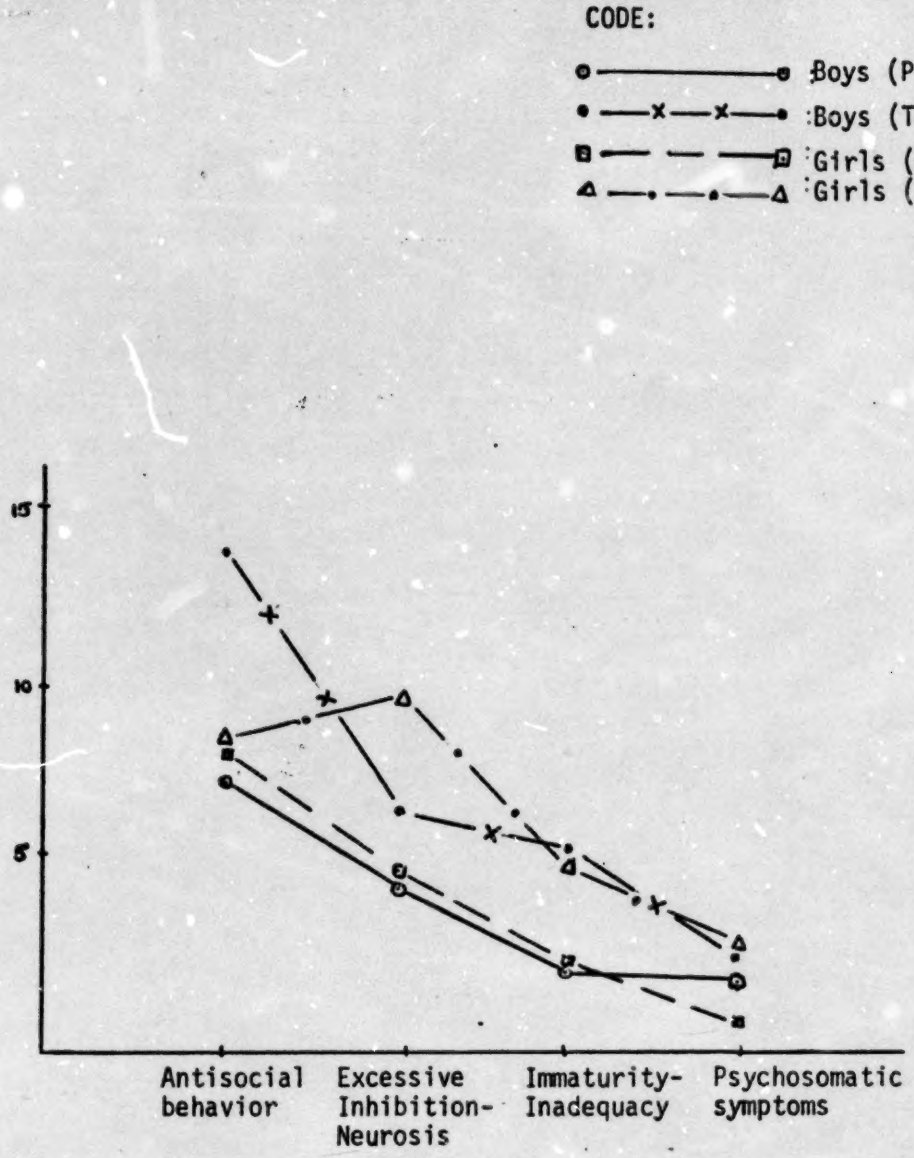

FIGURE 1. Means of scores on the four behavior problem syndromes of boys and girls as estimated by their parents and teachers.

ABSTRACT

This study examines, first, the problem behavior syndromes in 58 educable mentally handicapped (EMH) children attending special state schools in Greece, and secondly the relationship between those syndromes and sex and special schooling of these individuals. Children's four problem behavior syndromes, i.e. antisocial behavior, excessive inhibition-neurosis, immaturity-inadequacy, and psychosomatic symptoms, were measured by employing the Quay and Peterson's Behavior Problem Checklist (1967) adapted by Paraskevopoulos and Leoussis (1970) in Greek children. The results indicated: (1) EMH Greek children did not frequently exhibit serious problem behavior symptoms (2) The sex was not significantly related to these syndromes while there was a negative relationship between the syndromes and special schooling. (3) Parent and teacher estimates of the EMH children's problem behavior symptoms differed significantly in boy 's antisocial behavior and immaturity-inadequacy syndromes ($t=3.05$, $p<.01$; $t=4.6$ $p<.001$, respectively ; $df=21$ in each case) and in girl's excessive inhibition-neurosis, immaturity-inadequacy and psychosomatic symptoms ($t=3.09$, $p<.01$, $df=17$; $t=4.5$, $p<.001$, $df=34$; and $t=3.01$, $p<.01$ $df=17$, respectively) as well. The results were interpreted in a number of ways while some suggestions were made for improving children s social adjustment.